

THE CHESHIRE ASSOCIATION FOOTBALL LEAGUE

PLAYER TRANSFER FORM

SEASON	2017 / 2018	FULL NAME OF CLUB	
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Section 1 – To be completed by the player

SURNAME		FORENAME(S)	
DATE OF BIRTH (dd/mm/yyyy)		FAN NUMBER	
FULL POSTAL ADDRESS POSTCODE			
TELEPHONE NUMBER(S)			
EMAIL ADDRESS			
I confirm that I am currently a registered player of:	F.C.		
I desire the transfer of my registration to:	F.C.		
SIGNATURE OF PLAYER		DATE	

I certify that the above information is correct, and I consent to the information that I have provided on this form being entered on to The FA Whole Game System.

Section 2 – To be completed by the Club wishing to sign the player

I desire the transfer of the Registration of the above-named player.

NAME OF CLUB OFFICIAL		POSITION WITHIN CLUB	
SIGNATURE OF OFFICIAL		DATE	

Section 3 – To be completed by the Club the player is leaving

I consent to the transfer of the Registration of the above-named player.

NAME OF CLUB OFFICIAL & CLUB NAME		POSITION WITHIN CLUB	
SIGNATURE OF OFFICIAL		DATE	

NB Electronic consent (by way of an email from an Officer of the Club) may be obtained from the Club the player is leaving and forwarded to the Competition in lieu of section 3 being completed.

Completed forms shall be emailed to chairman@cheshirefl.com